

# 420 Washington St Suite 306 Braintree Ma 02184 Tel: (774) 776-2623 Fax (877) 411-0803

# PERSONAL-CARE & HOMEMAKING REFERRAL FORM

Referral Source Information			
Physician Name:		Phone:	
Facilities Name:			
Other (please specify)			
Patient Demographics:			
Patient Name:		D.O.B.:	
Street:	Apt:	City:	
Phone:	Emergency Contact Na	me:	Phone:
Diagnosis:			
Insurance Information:			
Services Needed (circle all tha	t apply for cueing, enco	uragement, supe	ervision or physical assistance)
Showering/Bathing	Dressing	Grooming	Toileting
Mobility/Transfers	Light Housekeeping	Meal p	preparation
Laundry	Shopping & light erran	ds	Medication reminders
Referred By:		Date:	
Tel:		Fax: _	

Please fax this form along with an updated medication and diagnosis list to (877) 411 0803

THANK YOU FOR YOUR REFERRAL

"Empowering People in the Community"



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### **GAFC PROGRAM**

### **DEFINITION**

Group Adult Foster Care is a mass Health sponsored program that provides daily assistance with ADLs and IADLS

### **OUR SERVICES**

## **Activities of Daily Living**

Bathing Dressing Grooming Toileting

Personal Hygiene Mobility and transfers

# Instrumental Activities of Daily Living

Light housekeeping Light Meal Preparation Laundry Shopping and errands Medication reminders

# **Multidisciplinary Team**

Personal Care Attendants Case management Registered Nurses

# Brockton Areas Taunton Areas Jamaica Plain Areas New Bedford areas Weymouth Areas

### **ELIGIBILITY**

Be 22 years of age or older Need daily assistance with one or more personal care task. Reside in subsidized, or elderly housing

## **INSURANCES ACCEPTED**

- 1. Mass Health Standard / CommonHealth
- 2. Health New England (HNE)
- 3. Mass Health Behavioral Plan (BHRPL)
- 4. All MCO/ACO
- 5. Senior Whole Health (SWH)
- 6, Common Care Alliance (SCO)/ One Care (CCA)
- 7. BMC HealthNet SCO

### **SERVICE LOCATIONS**

Boston Areas Medford
Roxbury Areas East Boston
Chelsea Area Revere
Dorchester Areas Lynn Area
Fall River Areas Malden
Stoughton Areas Braintree